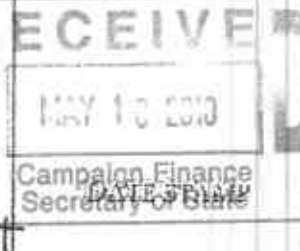


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

Name of Committee Committee to Elect John Emfinger  
Address P.O. Box 56, Brandon, MS 39043  
Telephone 601-942-0122 Fax \_\_\_\_\_  
Treasurer MARY ANN HOOD Email hoodma@bellsouth.net



☐ Check here if above is different from previous report

**TYPE OF REPORT**

☒ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010).....Mandatory  
 \_\_\_\_\_ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....Mandatory  
 \_\_\_\_\_ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010).....Mandatory  
 \_\_\_\_\_ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010).....Mandatory  
 \_\_\_\_\_ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....Mandatory  
 \_\_\_\_\_ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 \_\_\_\_\_ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).....Mandatory  
 \_\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5850 + \$ 3100	\$ 8950.	\$ 8950.00
Total amount of disbursements	\$ 1966.19 + \$ 96.71	\$ 2062.90	\$ 2062.90
Total amount of cash on hand		\$ 6887.10	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

MARY ANN HOOD  
Signature of Director or Treasurer

5-6-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-578-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John Einfinger

Reporting period JAN. 1, 2010 through April 30, 2010

# ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Culpepper</u>		<u>4/10/10</u>	\$ <u>1000.</u>
Mailing Address <u>807 Hunter Bay</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fred Harrell</u>		<u>4/10/10</u>	\$ <u>1000.00</u>
Mailing Address <u>306 E. Government St</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Brandon, MS 39042</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
<b>C. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>G. Todd Burwell, PA</u>		<u>4/1/10</u>	\$ <u>250.00</u>
Mailing Address <u>618 Crescent Blvd</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
<b>D. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DAVIDSON BOWIE PLLC</u>		<u>4/1/10</u>	\$ <u>1000.00</u>
Mailing Address <u>2506 Lakeland Dr, Suite 501, JAD</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>JACKSON, MS 39232</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee John Emfinger Page \_\_\_\_\_ of \_\_\_\_\_  
 Reporting period JAN. 1, 2010 through April 30, 2010

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adram Sellers, PLLC</u>		<u>4, 10, 10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1062</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones Law Firm</u>		<u>4, 10, 10</u>	\$ <u>300.00</u>
Mailing Address <u>333 West Porter St</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Granberry</u>		<u>4, 10, 10</u>	\$ <u>250.00</u>
Mailing Address <u>5301 JAMAICA DR.</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barnett Law Firm</u>		<u>4, 10, 10</u>	\$ <u>300.00</u>
Mailing Address <u>501 S. State St</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Crowley Law Firm		4/10/10	\$ 250.00
Mailing Address 964 N. Jefferson St		____/____/____	\$
City, State, Zip Code JACKSON, MS 39202		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kinksey & Associates		4/10/10	\$ 250.00
Mailing Address PO Box 33		____/____/____	\$
City, State, Zip Code JACKSON, MS 39205		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>C. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cynthia Stewart, PA		4/9/10	\$ 250
Mailing Address 2088 Main St. Suite A		____/____/____	\$
City, State, Zip Code MADISON, MS 39110		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>D. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cynthia Speetjens, PA		4/9/10	\$ 250
Mailing Address 2088 Main St., Suite A		____/____/____	\$
City, State, Zip Code MADISON, MS 39110		____/____/____	\$
Name of Employer (Required)		____/____/____	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee John Emfinger  
 Reporting period JAN. 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Judson Lee, PLLC</u>		<u>4/9/10</u>	\$ <u>250.00</u>
Mailing Address <u>2088 MAIN ST. Suite A</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>MADISON, MS 39110</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Arthur Harris</u>		<u>4/15/10</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 2332</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>MADISON, MS 39110</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>___</u>		<u>___/___/___</u>	\$
Mailing Address <u>___</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>___</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>___</u>		<u>___/___/___</u>	\$
Mailing Address <u>___</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>___</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

John Emfinger

Page \_\_\_\_ of \_\_\_\_

Reporting period

JAN. 1, 2010

through

April 30, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	DAVE Stepro/Neosynk, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 5236	4/28/10	\$1650.00
City, State, Zip Code	Brandon, MS 39047	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

B. Full name	MAGNOLIA Labels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7380 I55S	4/7/10	\$316.19
City, State, Zip Code	BYRAM, MS 39272	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$